

City of Kingston Parks and Recreation Department
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recreation@ci.kingston.ny.us

Kevin Gilfeather
Director



Mary Jo Wiltshire
Parks Administrator

PROGRAM REGISTRATION

NAME OF PROGRAM: _____ **DATE:** _____

NAME OF PARTICIPANT: _____

AGE: _____ **DATE OF BIRTH:** _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

HOME PHONE #: _____ **WORK #:** _____ **CELL #:** _____

EMAIL ADDRESS (optional): _____

If Parent Is Unavailable Second Person to Contact:

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

HOME PHONE #: _____ **WORK #:** _____ **CELL #:** _____

ALLERGIES: (food, bees, medications, etc) _____

PHYSICAL LIMITATIONS: _____

EMOTIONAL CONCERNS (difficulties, disorders etc) _____

ADMINISTERED MEDICATIONS: YES _____ **TYPE** _____

Signature Parent/Guardian _____ **Date** _____

OFFICE USE ONLY:

AMT CHECK: \$ _____ **AMT CASH \$** _____ **RECEIPT #** _____